

STATE OF MARYLAND DEPARTMENT OF LABOR DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

REAL ESTATE COMMISSION OF MARYLAND 1100 N. EUTAW STREET, ROOM 121 BALTIMORE, MD 21201

MREC e-mail dlmrec-dllr@maryland.gov http://www.labor.maryland.gov/license/mrec/ (410) 230-6200 /TTY users call Maryland Relay Service 1-800-735-2258

FEE MUST BE REMITTED BY CHECK OR MONEY ORDER ONLY MADE PAYABLE TO MARYLAND REAL ESTATE COMMISSION DO NOT SEND CASH OR CREDIT CARD INFO

DO NOT WRITE IN THIS SPACE
Date Rec'd
Lic. Reg. Cert No Certified By
License Fee
Guaranty Fund Fee
Total Fee \$
CK () MO ()

MARYLAND APPLICATION FOR AN ORIGINAL ACTING BROKER LICENSE

I hereby make application for registration for an **ORIGINAL** Real Estate Broker license under the provisions of the Annotated Code of Maryland, Business Occupations and Professions, Title 17, Sections 17-101 thru 17-702, (see Section 17-319 and Maryland House Bill 1482), with which I am familiar. Further I hereby certify that I have read and understand the Law including the Code of Ethics and will abide by and comply with the same.

license? C	ograding or downgrading a current check ONE GRADE DOWNGRADE cense number?		NO FEE REQUIR	EES: ED AT THIS TIME ND PAYMENT
Name (Pleas	se print in full)	MIDDLE	LAST	
Trade Name	·			
Main Office	Address	STREET OR RUR	AL ROUTE	
CITY	COUNTY	STATE	ZIP CODE	TELEPHONE/FAX NUMBER
	CROW ACCOUNT NUMBER/s			
	ANK/S as appropriate an Maryland har			
Ŭ	nature(s) as appears on Maryland ban	<u> </u>		
/ 1.	BROKER'S SIGNATURE	В		ATE'S SIGNATURE / LICENSEE #
	y authorize the above BANK/s to allo o examine and to audit the aforement			Estate Commission of
	ne names of all members or officers having Use additional sheets of paper, if necessar			whether or not each is licensed in
NAME	TITLE LIC'D YES/NO	TYPE OF LICEN		P YES/NO % OF INTEREST

		ANY OTHER STATE?HIF MORE SPACE IS NEEDED.	_YESNO	IF "YES", IN V	VHAT CAPACITY? L	LIST OTHER STATES					
LICENSE No.	State	TYPE OF LICE	FLICENSE		EXPIRATION DATE						
LICENSE NO.	State	TYPE OF LICENSE		EXPIRA	_ EXPIRATION DATE						
CONDUCT SINCE ISSUANCE OF YOUR LAST ORIGINAL LICENSE OR LAST RENEWAL:											
1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? Yes No If you answered "YES", please provide a True Test Copy of your record AND a signed letter from the broker indicating you have made him/her aware of your record.											
2. Have you ever had a real estate license denied, suspended or revoked or subjected to a disciplinary action in Maryland or any other state? including the District of Columbia?YesNo If you answered "YES", give details in a separate statement and attach hereto.											
CERTIFICATION REQUIRED – Business and Professions Article, Section 1-203											
 I do hereby affirm under penalty of perjury that I am in compliance with the Worker's Compensation Law (Article 101, Section 1 through 102, Annotated Code of Maryland) in that: () (a) I am not an employer required to provide employee coverage by the Workers' Compensation Law; or () (b) I am an employer required to provide employee coverage by the Workers' Compensation Law and have secured such coverage. As evidence of such coverage, the following is submitted:											
of Labor, Licensing and () I certify that I do	Regulation. operate a business Department of La	ld require me to pay taxes a and that I have paid all undi bor, Licensing and Regulati	sputed taxes and uner	nployment insura	ance contributions	payable to the					
	ORIZE RELEASE	OF LAW, THAT THE INF OF ANY INFORMATION ON.									
SIGNATURE OF APPLICANT	Γ	DATE OF BIRTH	BIRTH PLACE (CITY-STATE)	SOCIAL SECUR	ITY NUMBER					
HOME ADDRESS OF APPL	DRESS OF APPLICANT NUMBER & STREET TELEPHONE NUM		NUMBER								
CITY	CC	UNTY	STATE		ZIP CODE						
DATE OF APPLICATION		PRIVATE EMAIL ADDRES	SS (REQUIRED)	PUBL	IC EMAIL ADDR	RESS					
* Confirm that you have license, IF APPLICABL * Confirm the correct fee	a letter of no confi E. e is attached.	OMPLETE APPLICATIONS ict on company letterhead f	rom both (all) broker		old a salesperson o	or associate broker					

1. Do you understand the duties and obligations of a principal broker? ______YES _____NO

- * Attached a **complete** franchise agreement, if applicable.
- * If applicable, please submit Articles of Incorporation/Organization and trade name registration APPROVED by the Maryland Department of Assessment & Taxation (410-767-1340).
- *If you are operating as a sole proprietor and will not be registering your company name, please enclose a statement to that effect. Also provide how you want your name to read on your license and the address of your company. Please indicate if business is a sole proprietorship.
- * If taking over an existing company, a letter from the CURRENT broker stating he/she is stepping down must be included. If current broker is downgrading their license, please call our office to have the appropriate application faxed to you first. All applications and payments MUST be received together for proper processing.